Name in Full Julia A Addison

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Reisterstown County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Jan	Day: 21	Age: Years 57	Months	Days
Sex: Female	Color or Race: Colored		Birthplace: Carroll Co Md		
Married, Single or Widowed: widow			Occupation: —		
Name of Wife or Husband: wm Addison					
Father's Name: John Stoddall			Father's Birthplace: Carroll Co Md		
Mother's Maiden Name: Louisa Harden			Mother's Birthplace: " " "		
Name of person giving Information: Mary E Brown			How related to deceased: Daughter		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis	How long: 7 yrs.
Immediate: Exhaustion	How long: Four days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: H. M Slade
	Address: Reisterstown md.
Accident or Suicide? —	

LIBRARY BUREAU A88518

Name in Full: Benjamin W. Ady

84

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Long Green — County: Balto

Date of death 1904: Month: Jan — Day: 6 — Age: Years: 54 — Months: 2 — Days: 13

Sex: Male — Color or Race: White — Birthplace: Balto Co Md

Occupation: Farmer — Where Residing if not at place of death: Long Green

Married, Single or Widowed: Married — Name of Wife ~~or Husband~~: Eliza Parlett

Father's Name: Francis Ady — Father's Birthplace: Md

Mother's Maiden Name: Caroline Wheeler 20. — Mother's Birthplace: Md

Name of person giving Imformation: Eliza Ady — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Blood Poison — How long: 2 mons

Immediate: Heart-failure — How long: 12 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. F. H. Gemmell

Address: Fork Md

Accident or Suicide?

9

LIBRARY BUREAU A89610

Name in Full: Bessie Allen. (Allen)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington; County: Baltimore

Date of death 1904: Month: 1; Day: 18

Age: Years: 40; Months: 1; Days: 13

Sex: Female; Color or Race: White; Birthplace: Balto. Co. Md.

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband: —

Father's Name: Dr. Inman S. Allen; Father's Birthplace: New York

Mother's Maiden Name: Eurath S. Koffman; Mother's Birthplace: Balto. Co. Md.

Name of person giving Information: Eurath S. Allen m; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis; How long: 10 years

Immediate: Exhaustion; How long: 6 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. H. D. Cox MD

Address: Arlington Md

Accident or Suicide?

PHYSICIAN OR CORONER

9

LIBRARY BUREAU A8881G

Name in Full Margaret A Lynch

Certificate of Death

Died at (Town) Luppard (County) Calvert MARYLAND

Date 1904 Month Day 27 | Age Y. 64 M. 8 D. 27 | Native of Md | Occupation Housekeeper

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 6

64.

Husband of Josiah A Lynch

Wife

Father's Name Joseph Duncan | Mother's Maiden Name Margaret Gemmell

Cause of Death { Primary Paralysis | How long sick 5-4 yrs.

Immediate Cerebral Hemorrhage

Accident, ~~Suicide~~, Homicide

Reported by J. W. Payne M.D.

Address Lusby Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: Wm P. Innis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: Month: Jan; Day: 15; 1904

Age: Years: 34; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Virginia

Occupation: Clerk.

Where Residing if not at place of death: Portsmouth Va

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Unknown

Father's Birthplace: Va

Mother's Maiden Name: "

Mother's Birthplace: Va.

Name of person giving information: Records Mt Hope Retreat

How related to deceased: Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia Chronic

How long: abt 10 yrs

Immediate: Pul. Tuberculosis

How long: abt one year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery M.D

Address: Mt Hope Retreat Baltimore Co Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Louisa R. Apfel

58

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pimlico — County: Balto

Date of death 1904: Month: Jan — Day: 17 — Age: Years: 69 — Months: 2 — Days: 6

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Housewife — Where Residing if not at place of death: Same —

Married, Single or Widowed — Name of Wife or Husband: Jno. C. Apfel

106

Father's Name: — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: Germany

Name of person giving Imformation: Mary E. Moore — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteric Catarrh — How long: 18 Mons

Immediate: Heart-failure & Dropsy — How long: few weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. X. Gosnell M.D.

Address: [redacted] Md.

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Infant Arnold

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stevenson — County: Baltimore

Date of death: Month: Jan. — Day: 13 — 1904

Age: Years: — Months: — Days: 3-

Sex: Female — Color or Race: White — Birthplace: Stevenson

Occupation: — —

Where Residing if not at place of death: Stevenson

Married, Single or Widowed: —

Name of Wife or Husband: — —

Father's Name: Fread. Arold

Father's Birthplace: —

Mother's Maiden Name: Mamie Robertson

Mother's Birthplace: Chesnut Ridge

Name of person giving information: Samuel J. Eaton.

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth

How long: about 7 mon. this child

Immediate: Spasms

How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. H. Campbell

Address: Owings Mills. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

9

LIBRARY BUREAU A66618

E. A. Selby.

Name in Full: John C. Balster

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highland — County: Baltimore

Date of death 1904 — Month: 1 — Day: 15 — Age — Years: 32 — Months: 9 — Days: 14

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Married — Occupation: Moulder

Name of Wife or ~~Husband~~: Georgia M. Balster

Father's Name: George Balster — Father's Birthplace: Baltimore

Mother's Maiden Name: Eva Ritterhusch — Mother's Birthplace: Baltimore

Name of person giving Information: George Balster — How related to deceased: Father

93,

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 7 weeks

Immediate: Heart failure — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. H. Ledderberg

Address: 1810 E Baltimore St

Accident or Suicide? No

LIBRARY BUREAU A66616

Dr Goldenberg

Name in Full: Decatur Armistead Bandel

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Mt Hope Retreat (County) Baltimore Co

Date of death 1904 Month: Jan Day: 8 Years: Age 62 Months: Days:

Sex: Male Color or Race: W Birthplace: Baltimore Md

Married, Single or Widowed: Single Occupation: Coffee Merchant

Name of Wife or Husband:

Father's Name: John W Bandle 68 Father's Birthplace: Balto Md

Mother's Maiden Name: Evelina Anderson Mother's Birthplace: Balto Md

Name of person giving Information: John W Bandle How related to deceased: Elder Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Angina Pectoris How long: Nearly 3 mos

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat

Accident or Suicide?

9

LIBRARY BUREAU A88816

Greenmount Cemetery
is Place of Interment

H C Hughes
17 S. Broadway
Undertaker

Name in Full: Reginald Munfoley Bartholomew

CERTIFICATE OF DEATH

MARYLAND

Town: Harmondale — County: Balto

Died at

Date of death: 1904 — Month: 1 — Day: 20 — Age: Years — Months: 8 — Days: 7

Sex: male — Color or Race: white — Birthplace: Balto Co

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: infant — Name of Wife or Husband:

93.

Father's Name: Lewis Bartholomew — Father's Birthplace: Balto City

Mother's Maiden Name: Martha Bailey — Mother's Birthplace: Balto Co

Name of person giving In formation: Martha Bartholomew — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 2 wks

Immediate: Exhaustion — How long: 2 wks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C E Bolle

Address: Govanmill

Accident or Suicide?

LIBRARY BUREAU A3681

Name in Full Amelia M. Barton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lake Side — County: Balto

Date of death 1904 — Month: Jan — Day: 13th

Age — Years: 43 5th — Months — Days

Sex: Female — Color or Race: White — Birthplace: Balto Co. Md

Married, Single or Widowed: married — Occupation: House Wife

Name of Wife or Husband: Rumsey Barton

Father's Name: Alfred McCubbin — Father's Birthplace: Balto Co Md

Mother's Maiden Name: Mary A. Willows — Mother's Birthplace: Balto City

Name of person giving information: A R. McCubbin — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2mo 1st 04

Immediate: Acute Miliary Tuberculosis — How long: 1 W K.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. H. Hocking

Address: Irvington Md

Accident or Suicide? York Road.

LIBRARY BUREAU A88516

Henry C Butterfield
Edwarded

Salem Church Cem.

Name in Full: Charles Baublitz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Becklysville — County: Balto

Date of death 1904	Month	Day	Years	Months	Days
	Jan.	13th	Age 75	8 Mos	4

Sex: Male — Color or Race: White — Birthplace: Becklysville

Married, Single or Widowed: Widower — Occupation:

Name of Wife or Husband: Don't know

177.

Father's Name: " — Father's Birthplace: Don't know

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving Information: Howard Baublitz — How related to deceased: Grandson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsy and general debility — How long: Three or four years

Immediate: Paralysis, heart failure — How long: 2 to 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Norris M.D.

Address: Becklysville Ind.

Accident or Suicide?

PHYSICIAN OR CORONER

9

LIBRARY BUREAU A88316

Name in Full: Jno Beckman of J

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockeburg County: Buck

Date of death 190 4: Month: June Day: 16 Age: Years: 47 Months: Days:

Sex: Male Color or Race: white Birthplace: Buck Co

Married, Single or Widowed: Married Occupation: Laborer

Name of Wife or Husband: Eliz Beckman

Father's Name: Joseph Beckman Father's Birthplace: Balto. Co

Mother's Maiden Name: Theresa Scharf Mother's Birthplace: Germany

Name of person giving information: Peter Beckman How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pistol wound 16th How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. W. L. Rose

Address: Gardenville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A33516

Name in Full: Joseph S. Behr

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Canton County: Balto.

Date of death 1904: Month: Jan. Day: 27th

Age: Years — Months: 4 Days: 1

Sex: male Color or Race: White Birthplace: Balto Co.

Married, Single or Widowed: Single Occupation: —

Name of Wife or Husband: —

Father's Name: Geo. Behr. Father's Birthplace: Balto Co.

Mother's Maiden Name: Carrie M. Albright Mother's Birthplace: Balto Md.

Name of person giving Information: Carrie M. Albright How related to deceased: Mother.

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile intestinal indigestion & malnutrition How long: abt 3 mos.

Immediate: Intestinal obstruction (probably invagination) How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: 1023 Canton Sq.

Accident or Suicide?

LIBRARY BUREAU A88519

Sacred Heart Cemetery

Jan. 28th 1904

Germanus Lance

Undertaker

Name in Full: James Bell

85

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hartley; County: Baltimore

Date of death: Month: Jan.; Day: 7; Years: Age 24; Months; Days

Sex: Male; Color or Race: Colored; Birthplace: Unknown

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Philip Bell; Father's Birthplace: Charles Co. Md.

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving Imformation: Joshua Winder; How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long

Immediate: " "; How long

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. A. Green M.D.

Address: Gittings Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A8881

Name in Full: Sherwood George Berry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 228 E Lombard Exd County:

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Jan	Day: 15	Age: Years 1	Months 11	Days 19
Sex: Male	Color or Race: white			Birthplace: 228 E Lombard	
Occupation: None			Where Residing if not at place of death: 228 E Lombard		
Married, Single or Widowed: Single	Name of Wife or Husband:				
Father's Name: Geo Sherwood Berry 92				Father's Birthplace: Balt.	
Mother's Maiden Name: Mary Annie Eglenstein				Mother's Birthplace: Balt.	
Name of person giving information: Mrs Geo Berry				How related to deceased: Mother	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchopneumonia		How long: 5 da
Immediate: Exhaustion		How long:
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Geo F. Young	
	Address: 1735 N Edward	
Accident or Suicide?		

LIBRARY BUREAU A88016

Name in Full: Benjamin F. Bess

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Baltimore

Date of death 1904: Month: 1; Day: 20

Age: Years: 65; Months: —; Days: —

Sex: Male

Color or Race: Col.

Birthplace: U. S.

Married, ~~Single or Widowed~~

Occupation: Laborer

TO BE ANSWERED BY NEAREST FRIEND

~~Name of Wife or~~ Husband: of Sidney Bess

Father's Name: ?

Father's Birthplace: ?

Mother's Maiden Name: ?

Mother's Birthplace: ?

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Name of person giving information: Sidney Bess

How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism

How long: 10 years

Immediate: Cardiac Asthenia

How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Ruy Slingluff M.D.

Address: Towson Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A88816

Name in Full: James Enos Blakley

90

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edgewood; County: Balto

Date of death 1904: Month: Jan; Day: 29; Age: Years: 33; Months: 9; Days:

Sex: Male; Color or Race: White; Birthplace: Balto Co Md

Occupation: Farmer; Where Residing If not at place of death: Lane

Married, Single or Widowed: single; Name of Wife or Husband:

Father's Name: Richard R. Blakly; Father's Birthplace: Md

Mother's Maiden Name: Mary Lane Brown; Mother's Birthplace: Md

Name of person giving Imformation: Mary Lane Blakly; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: tuberculosis Pulmonary; How long: 4 mons

Immediate: Lane; How long: 4 "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. F. H. Gorsuch

Address: Fork Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: E. E. Blount

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville; County: Baltimore

Date of death: Month: Jan.; Day: 3; 1904

Age: Years: 44; Months: 5; Days: x

Sex: male; Color or Race: white; Birthplace: Virginia

Occupation: Minister; Where Residing if not at place of death: X

Married, ~~Single~~ or Widowed: married; Name of Wife or Husband: X

Father's Name: /; Father's Birthplace: x

Mother's Maiden Name: X; Mother's Birthplace: /

Name of person giving Imformation: x; How related to deceased: x

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia; How long: 4

Immediate: Chronic Brights Disease; How long: 6 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Percy Wade

Address: Md. Hospital for Insane Catonsville, Md.

Accident or Suicide? neither

LIBRARY BUREAU A66516

Name In Full Shadrack Bond

Certificate of Death

Died at Town Glencoe County Carroll MARYLAND.

Date 19 Month 1 Day 12 | Age Y. 87 M. D. | Native of Md. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living One

Husband ~~Wife~~ of Elizabeth Bond

Father's Name X

Mother's Maiden Name X

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Cause of Death: Primary Congestion (Voluntary) | How long sick Last Week

Immediate Exhaustion | ~~Accident~~, Suicide, ~~Homicide~~

Reported by J. G. Mitchell

Address Glencoe Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Name in Full: Mr. Chas. C. Boswell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ellicott City — County: Balto.

Date of death 1904: Month: Jan. — Day: 12 — Age: Years: 26 — Months: 2 — Days: 18.

Sex: Male — Color or Race: White. — Birthplace: Md.

Married, Single or Widowed: Married. — Occupation: Weaver.

Name of Wife or Husband: Florence M. Boswell.

Father's Name: Edward Boswell — Father's Birthplace: Md.

Mother's Maiden Name: Kate Serene. — Mother's Birthplace: Md.

Name of person giving information: Julius Hefting — How related to deceased: Father-in-law.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 1 yr.

Immediate: Asthenia. — How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. Edwards M.D.

Address: Ellicott City, Md.

Accident or Suicide?

LIBRARY BUREAU A6881C

Name in Full: Benj. W. Bowen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Towson (Town) — Baltimore (County)

Date of death 1904: Month: Jan — Day: 18 — Age: Years: 41 — Months: 6 — Days: 3

Sex: Male — Color or Race: White — Birthplace: Balto.

Married, Single or Widowed: Married — Occupation: Contractor

Name of Wife or Husband: Jennie Bowen

Father's Name: William Bowen S S — Father's Birthplace: Md.

Mother's Maiden Name: Sarah E. Sanders — Mother's Birthplace: Md.

Name of person giving information: Mr. Edward Bowen — How related to deceased: Brother in law

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Eight days

Immediate: do — How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. H. Garrett

Address: Towson

Accident or Suicide?

LIBRARY BUREAU Approved

John Burns Sons
Prospect Cem

Name in Full: Daniel Bowen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chase Md; County: Baltimore

Date of death 1904: Month: Jan; Day: 6th

Age: Years: about 70; Months: ; Days:

Sex: Man

Color or Race: Colord

Birthplace: Calvert Co. Md

Married, Single or Widowed: Married

Occupation: retired

Name of Wife or Husband: Susan Bowen

Father's Name: unknown

Father's Birthplace: unknown

Mother's Maiden Name: unknown

Mother's Birthplace: unknown

Name of person giving Imformation: Jonah. Brown

How related to deceased: son in law

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: old age

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: James H Gibson

Address: Chase Md

Accident or Suicide?

Coroner's Office

LIBRARY BUREAU A88515

Name in Full: Jessie Boyd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Melvale — County: Balto Co.

Date of death 190 4 — Month: 1 — Day: 16 — Years: Age 12 — Months: — — Days: —

Sex: Female — Color or Race: Col'd — Birthplace: Md.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: John Boyd — Father's Birthplace: —

Mother's Maiden Name: Mary Boyd — Mother's Birthplace: —

Name of person giving information: 27 — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: —

Immediate: Asthenia — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. Winsey M.D.

Address: 1220 E. Fayette St.

Accident or Suicide?

LIBRARY BUREAU A83516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Henry Bradley

Died at: Town: Catonsville County: Balto.

Date of death 1904: Month: June Day: 6 Age: Years: 82 Months: Days:

Sex: Male Color or Race: Col'd Birthplace: Md.

Married, Single or Widowed: Married Occupation: Laborer.

Name of Wife or Husband: X

Father's Name: X Father's Birthplace: X

Mother's Maiden Name: X Mother's Birthplace: X

Name of person giving information: X How related to deceased: X

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia How long: 2 yrs.

Immediate: Old Age How long: 1 yr.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jerg Wade.

Address: Catonsville

Accident or Suicide? No

LIBRARY BUREAU A88016

Name in Full: Bradley Robert N.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reisterstown; County: Balto

Date of death 1904: Month: Jan; Day: 27

Age: Years: 80; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Md.

Married, Single or Widowed: Married

Occupation: Painter.

Name of Wife or Husband: X

Father's Name: X

Father's Birthplace: X

Mother's Maiden Name: X

Mother's Birthplace: X

Name of person giving In formation: X

How related to deceased: X

154.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Dementia — How long: 10 years.

Immediate: Senility — How long: 4 yr.

Are the name, age, sex, color, date and place corractly given above? Yes

Signature of Physician: Geo E Wade.

Address: Reisterstown.

Accident or Suicide? No

PHYSICIAN OR CORONER

9

LIBRARY BUREAU A08316

Name in Full: Valentino Brehm

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boston; County: Bills

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904: Month: Jany; Day: 3; Age: Years: 84; Months; Days

Sex: Male; Color or Race: White; Birthplace: Germany

Married, Single or Widowed: Widowed; Occupation:

Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

93

Name of person giving Information: Conrad Ameu; How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 5 days

Immediate: Exhaustion; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Ct. Athey

Address: 2. Hudson ave. Bost

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Laura Brown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Towson — County: Baltimore

Date of death 190 4 — Month: 1 — Day: 29 — Age — Years: 43 — Months: — — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: (Col) — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Housework

Name of Wife or Husband: Louis Brown

Father's Name: Isaac Griffin — Father's Birthplace: Md

Mother's Maiden Name: Martha Williams — Mother's Birthplace: Md.

Name of person giving In formation: Louis Brown — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Muscular & Articular Rheumatism — How long: 4 weeks

Immediate: Endocarditis — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Ruxton Price M.D.

Address: Towson Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A69516

Elliott

Laurel

Name in Full: Arrietta Buckingham

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reisterstown County: Baltimore

Date of death 1904: Month: Jan Day: 19

Age: Years: 80 Months: Days:

Sex: Female Color or Race: white Birthplace: Baltimore Co Md

Married, Single or Widowed: widowed Occupation:

Name of Wife or Husband: Allen Buckingham

Father's Name: Domenick Buckingham Father's Birthplace: Baltimore Co Md

Mother's Maiden Name: Ann Owings Mother's Birthplace: Howard Co

Name of person giving Information: Nettie Jessop How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: Five year

Immediate: Hypostatic Congestion How long: Four days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. H. McBeath

Address: Reisterstown Md

Accident or Suicide?

LIBRARY BUREAU A58516

Name in Full: Infant Camphor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Owings Mills — County: Baltimore

Date of death: Month: Jan — Day: 12 — 1904

Age: Years: — Months: — Days: 2

Sex: Female

Color or Race: Colored

Birthplace: Balto Co Md

Occupation:

Where Residing if not at place of death: near Owings Mills

Married, Single or Widowed: Single

Name or Wife or Husband:

Father's Name: William Camphor 71

Father's Birthplace: Balto Co Md

Mother's Maiden Name: Lydia Figgs

Mother's Birthplace: Balto. Co Md

Name of person giving Information: Sarrah Camphor

How related to deceased: Grand mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown

How long: ~~2 hours~~

Immediate: Spasm

How long: 2 or 3 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M H Campbell

Address: Owings Mills Md

Accident or Suicide?

9

LIBRARY BUREAU A66516

Name in Full: Uriah A. Clear

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hermwood — County: Bullo

Date of death: Month: 1 — Day: 3 — Years: 65 — Months: — Days:

Age

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: white — Birthplace: Harmld Co,

Occupation: farmer — Where Residing if not at place of death: N Plainfield

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Jane O Clear

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace:

93.

Name of person giving information: Jane O. Clear — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days

Immediate: Toxic Absorption — How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? Y

Signature of Physician: Jesse Bolte MD

Address: Hurmwood

Accident or Suicide?

LIBRARY BUREAU A3818

Name in Full: Timothy Casey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Irvington — County: Baltimore

Date of death: Month: January — Day: 24th — 1904

Age: Years: 19 — Months: 2 — Days: —

Sex: Male — Color or Race: White — Birthplace: Newfoundland

Occupation: Religieux — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Information: Bro. Basil — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis, Pulmonary — How long: about one year

Immediate: Diarrhoea — How long: three months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John G. Holliday M.D.

Address: 714 Eutaw Pl. ave

Baltimore

Accident or Suicide?

9

LIBRARY BUREAU A6881Q

Name in Full: Ada May Cooper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Washington | County: Balto

Date of death 1 90: Month: June | Day: 11 | Years: Age 70 | Months: 2 | Days: 5

Sex: Female | Color or Race: White | Birthplace: Balto

Occupation: Home wife | Where Residing if not at place of death: at Mt Washington

Married, S— or —d | Name of Wife or Husband: Harry M Cooper.

Father's Name: W. C. Brown | Father's Birthplace: Balto

Mother's Maiden Name: Davis | Mother's Birthplace: "

Name of person giving Imformation: Mary M Cooper | How related to deceased: Husband

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: P. Tuberculosis | How long: 6 mos. 15 days

Immediate: Asthenia | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William J Todd

Address: Mt Washington Md

Accident or Suicide?

LIBRARY BUREAU A88016

Druid Ridge Cemetery

Jan 14-06

A. S. Marshall

Name in Full: John J. Crilley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Baldwin — County: Baltimore

Date of death 1907 — Month: Jan. — Day: 22 — Years: 42 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto. Co. Md.

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or ~~Husband~~: Katherine Hagan

Father's Name: Henry Crilley — Father's Birthplace: Ireland

Mother's Maiden Name: Mary Kennady — Mother's Birthplace: "

Name of person giving Imformation: Katherine Crilley — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: —

Immediate: " — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. A. Green

Address: Sitting — Md.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Mary C. Dorsey.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Harisonville — County: Balto.

Date of death 1904 — Month: Jan. — Day: 2. — Age — Years: — Months: 4. — Days: —

Sex: Female. — Color or Race: Black. — Birthplace: Maryland.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Henry Dorsey. — Father's Birthplace: Maryland.

Mother's Maiden Name: Mary Cox. — Mother's Birthplace: Maryland.

Name of person giving In formation: Henry Dorsey. — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia. — How long: Five days.

Immediate: Suppression & Exhaustion. — How long: Twelve hours.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wm. M. Ward. M.D.

Address: Harisonville. Md.

Accident or Suicide? —

LIBRARY MUREAU A88316

Name in Full: Minnie Estella Dickmyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stultz; County: Balto

Date of death 190 4: Month: June; Day: 19

Age: Years: 3; Months: 4; Days: 3

Sex: Female; Color or Race: White; Birthplace: Stultz

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: F. B. Dickmyer; Father's Birthplace: Balto Co Md

Mother's Maiden Name: Clara Bollinger; Mother's Birthplace: Balto Co Md

Name of person giving information: F. B. Dickmyer; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Croup; How long: 24 hours

Immediate: Croup; How long: " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. F. Stone

Address: New Freedom Pa

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Maggie A. Disney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Palmico; County: Balto

Date of death: Month: Jan; Day: 31; 1904

Age: Years: 34; Months: 9; Days:

Sex: Female; Color or Race: White; Birthplace: Va.

Occupation: Housewife; Where Residing if not at place of death: Palmico

Married, Single or Widowed: Married; Name of Husband: Eugene Disney

Father's Name: John Schnellig; Father's Birthplace: Va

Mother's Maiden Name: Elizabeth Philbin; Mother's Birthplace: Va

Name of person giving Imformation: Eugene Disney; How related to deceased: Husband.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pneumonic phthisis. How long: Two months.

Immediate: Dyspnoea. How long: ½ hour.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. D. Cox M.D.

Address: Arlington Md

Accident or Suicide?

LIBRARY BUREAU A832516

A. J. Marshall
3539 Fall Road
Ft. Mary Hampden
Sept. 2 - 1912

Name in Full: Harriet Ann Dushane

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roland Park — County: Baltimore

Date of death 1904: Month: January — Day: Saturday — Years: Age eighty six — Months — Days

Sex: female — Color or Race: white — Birthplace: Baltimore

Married, Single or Widowed: single — Occupation:

Name of Wife or Husband:

Father's Name: John Dushane — Father's Birthplace: Delaware

Mother's Maiden Name: Harriet Wilson — Mother's Birthplace: Calvert Co Md

Name of person giving Information: Harriet A. Stokes — How related to deceased: sister

1-5-4

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: several years

Immediate: Harmorrhage from Stomach — How long: four days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. M. Duncan

Address: Govans town Md

~~Accident or Suicide~~?

LIBRARY BUREAU A66918

Funeral Tuesday Jan 5th 1964
Hall Jenkins Hom funeral Services
Interment Green Mount Cem

Dr Frank Rich
Towson Md

Drug Store

Name in Full: Annie Erlbeck

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) 16 & O'Donnel Sts. (County) Baltimore Co.

Date of death: 1904 January 13 — Age: 28 Years 3 Months 29 Days

Sex: Female — Color or Race: White — Birthplace: Magnolia, Harford Co. Md.

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Wm. J. Erlbeck

Father's Name: Patrick Foley — Father's Birthplace: Ireland.

Mother's Maiden Name: Annie Smith — Mother's Birthplace: Bel Air, Md.

Name of person giving information: Dan'l Foley — How related to deceased: Brother

79.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation + Chronic Bronchy. Pneumonia — How long: Began 4 yrs. ago. Mitral attack 7 weeks

Immediate: Pulmonary Oedema — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. L. Wilkinson M. D.

Address: Bay View Asylum Balt., Md.

Accident or Suicide?

LIBRARY BUREAU A08516

Name in Full: Robert North Elder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Garrison — County: Balto

Date of death 190 4 — Month: 1 — Day: 25 — Age: Years: 1 Day — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Moyses Elder — Father's Birthplace: Germany

Mother's Maiden Name: Nina A Poe — Mother's Birthplace: Baltimore

Name of person giving information: Wm. O. Elder — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not Known — How long: —

Immediate: Premature birth — How long: about 20 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Hemsted

Address: Arm's Mills Md

Accident or Suicide?

LIBRARY BUREAU A69818

Bury at
St. Thomas

Name in Full: John Fridrich Eser

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Baltimore

Date of death 1904: Month: Jan; Day: 8

Age: Years: 29; Months: 8; Days: 7

Sex: Male

Color or Race: White

Birthplace: Baltimore

Married, Single or Widowed: Single

Occupation: Box Grader

Name of Wife or Husband: —

Father's Name: Henry Eser

Father's Birthplace: Germany

Mother's Maiden Name: Veronica Hubig

Mother's Birthplace: Switzerland

Name of person giving information: Henry Eser

How related to deceased: 625 S Durham St.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 4 days

Immediate: Exhaustion — How long: one days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Alex. S. Sagl M.D

Address: 1716 E Madison st

Accident or Suicide?

LIBRARY BUREAU ABS016

Name in Full: Sarah Evelyn Finn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mt Washington — County: Baltimore

Date of death 1903 — Month: Jany — Day: 1st — Age: Years: 0 — Months: 14 — Days: 17

Sex: Female — Color or Race: White — Birthplace: Mt Washington

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: James Edward Finn — Father's Birthplace: Mt Washington

Mother's Maiden Name: Sarah E. A. Cann — Mother's Birthplace: Phila Pa Balto

Name of person giving information: Lavinia McRoy — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: L. Diphtheria — How long: fifty hours

Immediate: Heart Failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William L Todd

Address: Mt Washington

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Blanche Ford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hertford; County: Baltimore

Date of death 1904: Month: January; Day: 7

Age: Years: 16; Months: 7; Days: 5

Sex: female

Color or Race: Colored

Birthplace: Hertford Md

Married, Single or Widowed: Single

Occupation: None

Name of Wife or Husband: —

Father's Name: William Mc Ford

Father's Birthplace: Hertford Md

Mother's Maiden Name: Lizzie Wilson

Mother's Birthplace: Hertford

Name of person giving information: E. J. Ford

How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: Two years.

Immediate: Acute Pulmonary Tuberculosis

How long: Six months.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E. W. T. Leyde M.D.

Address: Parkton Md.

Accident or Suicide?

LIBRARY BUREAU AB2312

Name in Full: Frank Fasten

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Agnes' Hospital; County: Balto.

Date of death 1904.	Month	Day	Years	Months	Days
	1	29	Age 19		

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: Worked in Candy Factory

Where Residing if not at place of death: 625 Kirby's Lane

Married, Single or Widowed

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: 27.

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 3 mths

Immediate: Endocarditis Exhaustion. — How long: 1 mth

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. W. Rowen M.D.

Address: 1938 Linden Av

~~Accident or Suicide~~?

LIBRARY BUREAU A88618

Name in Full: Guy R. Fourhaw

CERTIFICATE OF DEATH

MARYLAND

Died ~~at~~ in 6th Town District — County: Baltimore

Date of death 1904	Month	Day	Age — Years	Months	Days
	January	2	1	1	15

Sex: Male — Color or Race: White — Birthplace: Baltimore Co

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

93.

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Fourham — Father's Birthplace:

Mother's Maiden Name: Emma J. Cooper — Mother's Birthplace: Baltimore Co

Name of person giving information: Emma J. Fourham — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobo Pneumonia — How long: 4 days.

immediate: Convulsions — How long: 2 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph S. Baldwin

Address: Freeland Baltimore Co.

Accident or Suicide?

Name in Full: Charles Ed. Finsby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Balto Co County: Balto Co

Date of death: 1904 Month: 1 Day: 14 Age: Years 31 Months Days

Sex: Male Color or Race: Black Birthplace: Md

Occupation: Laborer Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband: Mary Finsby

Father's Name: Stephen Finsby Father's Birthplace: Md

Mother's Maiden Name: Amelia J. Alex Mother's Birthplace

Name of person giving information: Stephen Finsby How related to deceased: father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis How long: 1 month

Immediate: Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. D. Schofield

Address

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Captain Frisby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: — County: Baltimore

Date of death 1904 — Month: 1 — Day: 6 — Age: Years 45 — Months — — Days —

Sex: Male — Color or Race: Black — Birthplace: Baltimore Co

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Susan Elsan

Father's Name: Jasper Thomas — Father's Birthplace: —

Mother's Maiden Name: Ebbe Jackson — Mother's Birthplace: —

Name of person giving information: 2 — How related to deceased: Nurse

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption — How long: 2 years

Immediate: Emphysema — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. J. Williams

Address: 1114 Chap[illegible]

Accident or Suicide?

LIBRARY BUREAU A86519

Name in Full: Celia A. Germain

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Towson — County: Baltimore

Date of death: Month: January 16th — Day: 16th — 1904

Age — Years: 64 — Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Balto Co

Occupation: House Keeper

Where Residing if not at place of death: Towson

Married, Single or Widowed: Married

Name of Wife or Husband: J. Wesley Germain

Father's Name: John Bowen

Father's Birthplace: —

Mother's Maiden Name: Loretta Bowen

Mother's Birthplace: —

Name of person giving information: J. W. Germain

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute cold or La Grippe — How long: Three or four days

Immediate: Pneumonia — How long: Four days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. F. Garrett

Address: Towson

Accident or Suicide?

LIBRARY BUREAU A66616

Prospect Cave

Name in Full: William D. Gill

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington; County: Baltimore

Date of death 1904: Month: January; Day: 1.

Age: Years: 69.; Months: 3.; Days: 4.

Sex: male

Color or Race: white

Birthplace: Baltimore City

Married, Single or Widowed: widower

Occupation: Lumber Merchant

Name of Wife or Husband:

Father's Name: Elisha P. Gill

Father's Birthplace: Balto. Md

Mother's Maiden Name: Catherine Dorman

Mother's Birthplace: Balto. Md.

Name of person giving Information: William D. Gill Jr.

How related to deceased: son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long:

Immediate: Uremic Coma — How long: Six days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William J. Todd

Address: Mt. Washington

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full: Leo Gringer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Baltimore

Date of death 1904: Month: Jan.; Day: 21; Age: Years: 1; Months: —; Days: 6

Sex: Male; Color or Race: White; Birthplace: Balto. Co.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: John L. Gringer; Father's Birthplace: Germany

Mother's Maiden Name: Mary E. Hale; Mother's Birthplace: Md.

Name of person giving Information: Father; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Different Labor; How long:

Immediate: Cynosis; How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. C. Schofield

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A38516

Name in Full: Frank Haberkorn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lansdowne — County: Baltimore

Date of death 1904: Month: January — Day: 2 — Age: Years — Months — Days: 2

Sex: Male — Color or Race: White — Birthplace: Balt. Co. Md.

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Otto W. Haberkorn — Father's Birthplace: Germany

Mother's Maiden Name: Alvina Flach — Mother's Birthplace: Germany

Name of person giving information: Otto W. Haberkorn — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Failure to close Foramen Ovale — How long: 2 days.

Immediate: Cyanosis and Asphyxia — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank H Pabst

Address: Lansdowne Md.

Accident or Suicide?

LIBRARY BUREAU A38815

Name in Full: Christian F Hardtkopf

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stingsville; County: Baltimore

Date of death: Month: 1; Day: 13; 1904

Age: Years: 15; Months: 7; Days:

Sex: Male

Color or Race: White

Birthplace: Stingsville

Occupation:

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name: Francis Hardtkopf

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: Francis Hardtkopf

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis

How long:

Immediate: meningitis

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E M Walker

Address: Upper Falls, Md.

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Ethel J. Haviland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ruxton — County: Balto.

Date of death: 1904 — Month: Jan — Day: 30 — Years: 78 — Months: 9 — Days:

Sex: female — Color or Race: white — Birthplace: New York

Occupation: Housewife — Where Residing if not at place of death: Ruxton

Married, Single or ~~Widowed~~: widow — Name of Wife or Husband: dead

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Mrs James H Vale — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis — How long: 5 mo

Immediate: Asthenia — How long:

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Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. Ruby Stinson

Address: Ridgely Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Clarinda Hunter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Parkton — County: Balto

Date of death 190 4 — Month: 1 — Day: 13

Age — Years: 57 — Months: 9 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Balto. Md.

Married, Single or Widowed: Widowed — Occupation: Housewife.

Name of Wife or Husband:

Father's Name: George Norris — Father's Birthplace: Balto. Co.

Mother's Maiden Name: Hannah Bosley — Mother's Birthplace: Balto Co.

Name of person giving In formation: Eliza S. Slade — How related to deceased: Daughter

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis & latterly Cancer of Liver — How long: 6 months

Immediate: Asthenia & Coma — How long: 19 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Mitchell

Address: Monkton Md R.F.D. No. 2

[redacted] Attended or Solved?

LIBRARY BUREAU A93516

Name in Full: Celia Edna Hennessie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Franklintown; County: Baltimore

Date of death: Month: June; Day: 22; Years: Age 16; Months: 6; Days: 25

Sex: Female; Color or Race: White; Birthplace: Franklintown Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Michael Joseph Hennessie; Father's Birthplace:

Mother's Maiden Name: Mary Catherine Doyle; Mother's Birthplace:

Name of person giving Information: Elizabeth Hennessie; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis; How long: 9 mos.

Immediate: Hemorrhage; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J C Mennemeier

Address: Dickeyville Md

Accident or Suicide?

LIBRARY BUREAU 488316

Name in Full: Emil Carl H. Heydenreich

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Gardenville — County: Baltimore Co. Md

Date of death 1904: Month: January — Day: 27th — Age: Years: 70 — Months: 6 — Days: 25

Sex: male — Color or Race: white — Birthplace: Germany

Married, Single or Widowed: married — Occupation: Secy of the Imp German Ass'n

Name of Wife or Husband: Anna Mary Heydenreich

Father's Name: Emil Heydenreich — Father's Birthplace: Germany

Mother's Maiden Name: Sophia — Mother's Birthplace: Germany

Name of person giving In formation: Anna M. Heydenreich — How related to deceased: wife.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic bright's — How long: For 3 yrs

Immediate: La Grippe — How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D. Fenby

Address: Gardenville Md

Accident or Suicide?

LIBRARY BUREAU A30516

Name in Full: Mrs Esther Hinkel

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rockdale — County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 — Month: Jan — Day: 16th — Age: Years: 96 — Months: — — Days:

Sex: Female — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Widow — Occupation: Home - wife

Name of Wife or Husband: Jacob Hinkle

Father's Name: 64. — Father's Birthplace: Ireland

Mother's Maiden Name: Aunt Anna — Mother's Birthplace: Ireland

Name of person giving information: A. C. Smith — How related to deceased: Home

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia — How long: 13 days

Immediate: Paralysis of Respiration — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Smith

Address: Powhatan Md

Accident or Suicide? No

LIBRARY BUREAU A88916

Name in Full: Ada Lee Mary Koehner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balto

Date of death: Month: Jan — Day: 16 — Year: 1904 — Age: Years: 1 — Months: 4 — Days:

Sex: Female — Color or Race: White — Birthplace: Canton

Occupation: — Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John Koehner 61 — Father's Birthplace: Balto

Mother's Maiden Name: Not known — Mother's Birthplace: Balto.

Name of person giving Information: John Koehner — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brain fever — How long: 4 days

Immediate: Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. J. C. Schofield

Address: 1400 Fleet St.

Accident or Suicide?

LIBRARY BUREAU A33618

Name in Full: Walter Cincinattie Hoffman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Klitz; County: Baltimore

Date of death 1904: Month: Jan- ; Day: 21 ; Age: Years: — ; Months: 5 ; Days: 18

Sex: male ; Color or Race: White ; Birthplace: Klitz

Married, Single or Widowed: — ; Occupation: —

Name of Wife or Husband: —

Father's Name: John C Hoffman ; Father's Birthplace: Pena

Mother's Maiden Name: Jinnie Hare ; Mother's Birthplace: Balto Co Md

Name of person giving In formation: John C Hoffman ; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: dont Know ; How long: —

Immediate: dont Know ; How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ undertaker: R N Trabert

No physician in attendance

Address: Freelands Md

~~Accident or Suicide?~~

LIBRARY BUREAU A8S918

Name in Full: Mary Catherine Holtz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rockdale — County: Baltimore

Date of death 1904 — Month: 1st — Day: 7

Age — Years: 45 — Months: 3 — Days: 7

Sex: female — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: married — Occupation: House keeper

Name of Wife or Husband: Robert E Holtz

Father's Name: Patrick Ward — D. — Father's Birthplace: Not Known

Mother's Maiden Name: Margaret McGlennon — Mother's Birthplace: " "

Name of person giving information: Teresa Holtz — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza — How long: 7 days

Immediate: Pneumonia — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Smith M. D.

Address: Powhatan Md.

Accident or Suicide?

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LIBRARY BUREAU A88518

A. S. Marshall
3539 Fall Road
at Mt. Airy on Jan 1, 04

Name in Full: Clara Hooper

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Gormantown County: Balto

Date of death 190 4 Month: Jan Day: 12 Age Years: 60 Months: — Days: —

Sex: Female Color or Race: Black Birthplace: Balto Co

Married, Single or Widowed: Widowed Occupation: Laundress

Name of Wife or Husband: ~~Benjn~~ John Hooper

Father's Name: Don't Know Father's Birthplace: Don't Know

Mother's Maiden Name: " Mother's Birthplace: "

Name of person giving information: Isabella Hall How related to deceased: Step Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis How long: 2 yrs

Immediate: Exhaustion How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Fred Haas M.D.

Address: Gormantown Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

George John H. Fradrin

Laurel Cove

Name in Full: Joseph Hyde

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CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Franklintville — County: Baltimore

Date of death: Month: 1 — Day: 11 — 1904

Age — Years: 68 — Months — Days

Sex: Male — Color or Race: White — Birthplace: England

Occupation: Farmer — Where Residing if not at place of death

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband

Father's Name: 93. — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Miss Emily Hyde — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia Fibrosing — How long: one week

Immediate: Weakness — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Nat Dieffenderfer, MD

Address: Franklinville Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full — Certificate of Death

Emma J. Imhoff

Town — County

Died at Westchester Av. Elliott St. Baltimore — MARYLAND

Date 1904 Month Jany Day 14 | Age Y. 59 M. 2 D. 9 | Native of Alla, Md | Occupation Store Keeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single Widow ~~Divorced~~ | ~~Widower~~ | Number of children living None

~~Husband~~ Wife of Louis Imhoff

Father's Name Thomas Mackin — Mother's Name Elizabeth Bierley

Cause of Death — Primary: Uterine Cancer — How long sick 2 years

Immediate: Asthenia — ~~Accident Suicide Homicide~~

Reported by Wm. B. Gambrill, M.D.

Address Alberton Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mary T. Jarrett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Carney; County: Baltimore

Date of death 190 4: Month: Jan.; Day: 6; Age: Years: 50(!); Months: —; Days: —

Sex: Female; Color or Race: Negro; Birthplace: Virginia

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: Zac. Jarrett

Father's Name: No history; Father's Birthplace: —

Mother's Maiden Name: " "; Mother's Birthplace: —

Name of person giving information: Zac. Jarrett (21); How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism + Pul. T.B.?; How long

Immediate: Heart failure; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm. T. S. Whitaford.

Address: Parkville, Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Enterment Dowden
Chapel
Belair Road

Geo. W. Grammer
undertaker

Name in Full: New Born Died (Premature)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson — County: Baltimore Co

Date of death: 1904 — Month: Jan — Day: 12th

Age: Years — Months — Days: me day

Sex: Female — Color or Race: Black — Birth-place: Towson

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

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Father's Name — Father's Birthplace

Mother's Maiden Name: Maggie Johnson — Mother's Birthplace: Towson

Name of person giving Information: Hmfy Tyler — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Premature birth. — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D H Daniels M.D

Address: Towson

Accident or Suicide?

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LIBRARY BUREAU A83816

Name in Full: Malinda Jordan

CERTIFICATE OF DEATH

MARYLAND

Died at: Walters (Town) Baltimore (County)

Date of death: 1904 Month: Jan Day: 29 Age: Years 18 Months — Days —

Sex: Female Color or Race: Colored Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Jordan Jr. Father's Birthplace: Md

Mother's Maiden Name: Mary Jordan Mother's Birthplace: —

Name of person giving Imformation: Florida Jordan How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Eclampsia How long: 4 hrs —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. V. Mace

Address: Rossville Md

Accident or Suicide? —

LIBRARY BUREAU A99316

Name In Full

Certificate of Death

John Kurtz

Died at Town Ashland County Balto MARYLAND

Date 1904 Month Jan Day 15- | Age Y. 65 M. 8 D. - | Native of Germany | Occupation Laborer

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 6

Husband ~~Wife~~ of Louisa Eckart

Father's Name John Kurtz | Mother's Maiden Name Unknown

Cause of Death: Primary C - Bronchitis | How long sick Four days

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

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Reported by Dr W. H. Benson

Address Cockeysville Baltimore Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70299

Lutheran Cemetery
Chestnut Ridge
Jan 17th 1904

Name in Full: Miss Annie R. Kay.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fireland; County: Baltimore

Date of death 190 4: Month: Jan; Day: 23; Age: Years: 19; Months: 3; Days: 10

Sex: Female; Color or Race: White; Birthplace: Maryland.

Married, Single or Widowed: Single; Occupation: House work.

~~Name of Wife or Husband~~: Annie R. Kay. Daughter of undersigned. Deceased

Father's Name: James A. Kay. Father's Birthplace: Maryland.

Mother's Maiden Name: Sarah Cole. Mother's Birthplace: Maryland.

Name of person giving information: James A. Kay. How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid. How long: 16 days.

Immediate: Pulmonary Hemorrhage. How long: 3 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas L Gayle, M.D.

Address: Mount Airedon, Penna.

Accident or Suicide? No.

LIBRARY BUREAU Aso216

Name in Full

Certificate of Death

James Kelly

Died at Town: Orla County: Baltimore MARYLAND

Date 19 1994 Month: Jan Day: 24 | Age Y. 67 M. D. | Native of Maryland | Occupation Bull Barn

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 11

Husband / Wife of Sarah Kelly

Father's Name William Kelly

Mother's Maiden Name Mary Kelly

Cause of Death: Primary Nevosis

Immediate Dropsy

How long sick

~~Accident, Suicide, Homicide~~

Reported by Dr Spinks

Address Crokers Orla

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: James Kennedy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County: Balto.

Date of death 1904: Month: 1; Day: 4

Age: Years: 68; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Ireland

Married, Single or Widowed: —

Occupation: Gardner

Name of Wife or Husband: Eliza Kennedy

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Wm. Kennedy

How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia — How long: about 1 wk.

Immediate: Heart Failure — How long: few hours.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: H. Louis Naylor

Address: Pikesville Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Mary Ellen Kinsler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Hope — County: Baltimore

Date of death: Month: Jan — Day: 1 — 1904 — Age: Years: 38 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: Nun — Where Residing if not at place of death: Mt Hope Retreat

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Charles G. Hill M.D. — How related to deceased: Doctor

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: Six Years

Immediate: Exhaustion — How long: a week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles G. Hill

Address: Mt Hope

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Margaret J. Kohler.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville; County: Baltimore

Date of death 1904: Month: Janu.; Day: 23d; Age: Years: 60; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Germany

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: Unknown

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving Information: Hospital Record; How related to deceased: ?

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Brights Disease; How long: 2 years.

Immediate: Exhaustion; How long: 1 month

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. Percy Wade

Address: Md. Hospital for Insane, Catonsville, Md

Accident or Suicide? Neither

LIBRARY BUREAU A6951G

Rouleau + Schilling
Grant + Saratoga St

Name in Full: Ellas Knickl

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shipped Hosp Towson; County: Balto

Date of death 1904: Month: Jany; Day: 31; Years: Age 47; Months; Days

Sex: Fem; Color or Race: White; Birthplace: N.Y.

Married, Single or Widowed: Wdow; Occupation:

Name of Wife or Husband:

Father's Name: Aeson Wooding; Father's Birthplace: N.Y.

Mother's Maiden Name: — Hempstead; Mother's Birthplace: —

Name of person giving Information: 120; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis; How long: Unknown

Immediate: Exhaustion; How long: 1 Wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E N Brush

Address: Shipped Church Point Hosp Towson

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Lestner, Katherine

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glenarden; County: Prince

Date of death: Month: Jan; Day: 6; 1904; Age: Years: 34; Months; Days

Sex: Female; Color or Race: white; Birthplace: Md.

Occupation: None; Where Residing if not at place of death: X

Married, Single or Widowed: Single; Name of Wife or Husband: X

Father's Name: Joseph Lestner; 69; Father's Birthplace: Germany

Mother's Maiden Name: Dorothy Bauer; Mother's Birthplace: Germany

Name of person giving Imformation: Henry Eckhart; How related to deceased: Bro-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epileptic Insanity; How long: 24 years

Immediate: Pneumonia (Hypostatic); How long: 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Percy Wade.

Address: Glenarden, Md

Accident or Suicide? No

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LIBRARY BUREAU A89516

Trinity Cemetery

H. Sander & Sons.

Name in Full: Sophie Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Wellenville — County: Baltimore

Date of death 1904 — Month: January — Day: 24

Age — Years: 2 — Months: 6 — Days: 7

Sex: Female — Color or Race: Colored — Birthplace: Baltimore

Married, Single or Widowed: S

Occupation:

Name of Wife or Husband:

Father's Name: Geo Lewis — 61

Father's Birthplace: Va

Mother's Maiden Name: Gertrude Johnson

Mother's Birthplace: Md

Name of person giving Information: Father

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis

How long: 2 days

Immediate: Convulsions

How long:

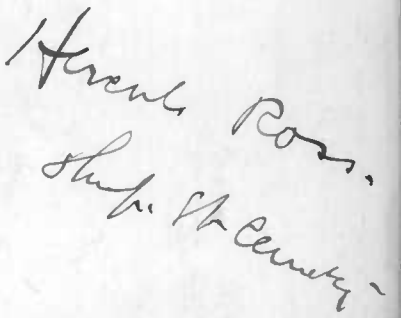
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T Bell

Address: Mt Winans

Accident or Suicide?

LIBRARY BUREAU A88618



Name in Full: Bessie Sinkoski

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt Hope Retreat County: Baltimore Co

Date of death: 1904 Month: Jan Day: 7th Age: Years 22 yrs Months — Days —

Sex: Female Color or Race: White Birthplace: Baltimore

Occupation: Wife of Oysterman Where Residing if not at place of death: 1802 Mt Henry St

Married, Single or Widowed: Married Name of Wife or Husband —

Father's Name — Father's Birthplace —

Mother's Maiden Name: Annie M. Abbott Mother's Birthplace —

Name of person giving Imformation: Recds of Mt Hope Retreat How related to deceased: Not a relative

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania - (Post Puerperal) How long —

Immediate: Chron. Diarrhoea - How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat - Baltimore Co Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Bald. Cemetery

Mrs Joseph B. Cooke

Name in Full: James Lynch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Spuns Point — County: Balto.

Date of death: 1904 — Month: Jan. — Day: 21

Age: Years — Months — Days: 2 Mos

Sex: Male — Color or Race: White — Birthplace: Spuns Point

Occupation: —

Where Residing if not at place of death: 25 W. 7 St.

Married, Single or ~~Widowed~~ — Name of ~~Wife or~~ Husband

Father's Name: Patk. Lynch — Father's Birthplace: Ireland

Mother's Maiden Name: Catherine Sullivan — Mother's Birthplace: Ireland

Name of person giving Information: Patk. Lynch — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1/2 hour

Immediate: Pneumonia — How long: 1/2 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. G. Eleland, M.D.

Address: Spuns Point.

~~Accident or~~ Suicide?

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

Edelia Lyons

Town Baltimore County MARYLAND

Died at 1904

Date 189 Month Jan Day 5. | Age Y. 27, M. 5, D. 0 | Native of | Occupation Home work

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of
Wife

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Father's Name Timothy Lyons

Mother's Name Katherine Lyons

Cause of Death: Primary — accidental shock

Immediate — Fracture at the base of the

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Dr E Benson

Address Parkersville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md

LIBRARY BUREAU, 79898

Name in Full: William McKelvy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Black Rock (Butler P.O.) Md. County: Baltimore

Date of death: 1904 Month: 1 Day: 26 Age: Years 81 Months 8 Days 4

Sex: Male Color or Race: White Birthplace: Harrisburg Pa

Occupation: Miller Where Residing if not at place of death: Black Rock (Butler P.O.)

Married, Single or Widowed: Married Name or Wife or Husband: Hanna A. McKelvy

Father's Name: Dont Know Father's Birthplace: Dont Know

Mother's Maiden Name: Rebecca Horn Mother's Birthplace: Harrisburg Pa

Name of person giving information: Hanna A McKelvy How related to deceased: Wife

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease How long: Two years

Immediate: Heart failure How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Drach MD

Address: Butler Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Unnamed Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chase County: Balto

Date of death 1907: Month: Jany Day: 15

Age: Years: — Months: — Days: —

Sex: male Color or Race: white Birthplace: md

Married, Single or Widowed: s Occupation: —

Name of Wife or Husband: —

Father's Name: Ed Meeks Father's Birthplace: md

Mother's Maiden Name: Carrie Meeks Mother's Birthplace: md

Name of person giving information: Ed Meeks How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature born How long: —

Immediate: Prematurity How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John W Hancock M.D.

Address: Middle River

Accident or Suicide? —

LIBRARY BUREAU A66516

Name in Full: Montague, Henry B.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimorville County: Butte

Date of death 1904: Month: Jan Day: 8 Age: Years: 64 Months: Days:

Sex: Male Color or Race: White Birthplace: Md

Occupation: None Where Residing if not at place of death: X

Married, Single or Widowed: Single Name of Wife or Husband: X

Father's Name: H. B. Montague Father's Birthplace: Md

Mother's Maiden Name: Mary A — Mother's Birthplace: "

Name of person giving Information: X How related to deceased: X

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Imbecility How long: Life.

Immediate: Chronic Brights Disease How long: 2 years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Rud Nade

Address: Baltimorville Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Cora E. Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto

Date of death: Month: 1; Day: 30; 1904

Age: Years: 1; Months: 8; Days:

Sex: Female

Color or Race: White

Birthplace: Balto Co

Occupation: none

Where Residing if not at place of death: 1408 - 1st St.

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Wm Miller

Father's Birthplace: Md

Mother's Maiden Name: Katie Huber 93.

Mother's Birthplace: a

Name of person giving information: Wm Miller

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 2 weeks.

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. C. Schofield.

Address:

Accident or Suicide?

LIBRARY BUREAU A8U316

Name in Full: Kate Montgomery

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Hope Retreat; County: Baltimore Co

Date of death: Month: Jan; Day: 16; Years: 1904; Age: 57; Months; Days

Sex: Female; Color or Race: White; Birthplace: Ireland

Occupation: Wife of Laborer; Where Residing if not at place of death: 325 N. Biddle

Married, Single or Widowed: Married; Name of Wife or Husband:

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Imformation: Records Mt Hope; How related to deceased:

120.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia (?); How long:

Immediate: Chron. nephritis & Pyelitis; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Co

Accident or Suicide?

LIBRARY BUREAU A89016

325 E Biddle St

Name in Full: Edward P. Mooney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Hope Retreat | County: Balto Co Md.

Date of death: Month: Jan | Day: 12th | 1904

Age: Years: 41 | Months | Days

Sex: Male | Color or Race: White | Birthplace: Baltimore

Occupation: Clerk - | Where Residing if not at place of death

Married, Single or Widowed: Widower | Name of Wife or Husband

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Imformation: Reeds Mt Hope | How related to deceased: Steward

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania (Meningitis | How long: 4 wks.

Immediate: Ex. Pul - Congest & Cerebral Congest | How long: one wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A99516

Name in Full: Pamelia A Morton

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Nellie Road — County: Baltimore

Date of death 190 X: Month: Jany — Day: 21 — Years: Age 80 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Winthrop Maine

Married, Single or ~~Widowed~~ — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alfred B. Morton — Father's Birthplace: Winthrop Maine

Mother's Maiden Name: Nancy Joy — Mother's Birthplace: Winthrop Maine

Name of person giving Information: Frank J. Morton — How related to deceased: Brother

1/5-4.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age — How long

Immediate: Pneumonia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. M. Duncan

Address: Granstown Md

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A6951B

Greenwood

A. M. Mitchell

Name in Full: John J. Myers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hunnsville — County: Bulls

Date of death: 1904 — Month: 1 — Day: 11 — Years: 68 — Months: 10 — Days: 7

Sex: Male — Color or Race: Colored — Birthplace: Baltimore.

Occupation: Laborer — Where Residing if not at place of death: at place of death

Married, Single or Widowed: married — Name of Wife or Husband: Eliz Myers dec.

Father's Name: dont know — Father's Birthplace: —

Mother's Maiden Name: dont know — Mother's Birthplace: —

Name of person giving Information: Jno M. Myers. — How related to deceased: son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Cystitis — How long: 2 yr.

Immediate: Gen. debility & Exhaustion — How long: 1 wk

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno H Bell M.D

Address: Hunnsville Md

Accident or Suicide?

LIBRARY BUREAU A38016

Name in Full: Elmer Roland.

CERTIFICATE OF DEATH

MARYLAND

Town: Baltimore

Died at

Date of death 1904: Month 1 Day 27

Age: Years 23 Months — Days —

Sex: Male

Color or Race: White

Birthplace: Kent Co

Married, Single or Widowed: Single

Occupation: Blacksmith

Name of Wife or Husband: —

Father's Name: Richard

Father's Birthplace: Kent Co

Mother's Maiden Name:

Mother's Birthplace: Kent Co

Name of person giving Information: Brother

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Consumption

How long: 1 year

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. J. Stubbins

Address: 1119 Chesapeake St.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A6631G

Maria Carroll Ayscough

Loudon Park

Name in Full: Edward Taylor Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County: Baltimore

Date of death 1904: Month: January; Day: 3

Age: Years: 42; Months: 11; Days: 3

Sex: Male

Color or Race: White

Birthplace: Baltimore Md

Married, Single or Widowed: Married

Occupation: Merchant

Name of Wife or Husband: Mary D. Murdoch

Father's Name: Edward T Morris

Father's Birthplace: Virginia

Mother's Maiden Name: Annie S Wilson

Mother's Birthplace:

Name of person giving information: Davis Murdoch

How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 4 ½ days

Immediate: Heart failure & Toxaemia — How long: 10 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel Z Dunott

Address: 102 N Charles St Baltimore.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A3B016

8 1902 Dr Dillon Charles de Lafayette

Name in Full: Henry Clay Palmer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Arlington — (County) Baltimore

Date of death 1904 — Month: Jany — Day: 29 — Age: Years 57 — Months 2 — Days 8

Sex: Male — Color or Race: White — Birthplace: Conn

Married, Single or ~~Widowed~~: Married — Occupation: Architect

Name of Wife or ~~Husband~~: Mollie Ridgely Palmer

Father's Name: Alden A Palmer — Father's Birthplace: Conn

Mother's Maiden Name: Emma A Palmer Chesebro — Mother's Birthplace: Conn

Name of person giving information: John F. Thompson — How related to deceased: Nurse

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Albuminuria — How long: Several years

Immediate: Hemiplegia & Uremia — How long: 5 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Love MD

Address: Arlington Md

Accident or Suicide?

LIBRARY BUREAU Assets

Name in Full: Mary Elizabeth Peach.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Granite. County: Balto.

Date of death 190 4 Month 1 Day 2 wd Age: Years 73 Months 4 Days 17.

Sex: Female. Color or Race: White. Birthplace: Maryland.

Married, Single or Widowed: Widowed. Occupation: Housewife.

Name of Wife or Husband: Charles P. Peach.

Father's Name: P. H. Kelly. Father's Birthplace: Ireland.

Mother's Maiden Name: ——— Mother's Birthplace: Ireland.

Name of person giving information: Wm. J. Peach. How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

20.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pleurisy + Pyemia. How long: Seven days.

Immediate: Exhaustion + Suppuration. How long: Two days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. M. Brady M. D.

Address: Granite Balto. Co. Md.

Accident or Suicide? ———

LIBRARY BUREAU A88518

Name in Full: Mollie Pearce

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington — County: Balto

Date of death 1904: Month: 1 — Day: 17 — Years: Age 32 — Months: 6 — Days: 13

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Housework

Name of Wife or Husband: Benj Pearce

Father's Name: Benj Burns — Father's Birthplace: Maryland

Mother's Maiden Name: Rachel Burns — Mother's Birthplace: Maryland

Name of person giving information: Edw. E. Burns — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Embolism — How long: 1 6 years

Immediate: Dilatation of Heart — How long: Immediate

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Morris Shanks MD

Address: Mt Washington

~~Accident or Suicide?~~

LIBRARY BUREAU A88618

Druid Ridge

Name in Full: Charles Peterson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point; County: Balto

Date of death: Month: 1; Day: 19; 1904; Age: Years: 36; Months; Days

Sex: Male; Color or Race: White; Birthplace

Occupation: Ledger; Where Residing if not at place of death

Married, Single or Widowed; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Imformation; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary; How long

Immediate: Alcoholism; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos Blair J. P.

Address: Sparrows Point Md.

Accident or Suicide?

LIBRARY BUREAU A83518

Name in Full: Louis Pflager.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westport; County: Baltimore

Date of death 190 4: Month: Jan.; Day: 8.

Age: Years: 47 - ~~9~~ mos.; Months: 9; Days: 13

Sex: M. Color or Race: Wh. Birthplace: Baltimore

Married, Single or Widowed: Married Occupation: Laborer

Name of Wife or Husband: Francis Pflager

Father's Name: Louis Pflager 99. Father's Birthplace: Germany

Mother's Maiden Name: Unknown Mother's Birthplace: Unknown

Name of person giving Information: Francis Pflager How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrhage from Lung & bowels How long: 1 day.

Immediate: Heart failure (Rheumatism complicating) How long: Had Rheumatism 5 yrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. N. Brannin M. D.

Address: 402 Hanover St.

Accident or Suicide?

Balto.

LIBRARY BUREAU A86516

Name in Full: Ellen Poole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Agnes' Sanitarium — County: Baltimore

Date of death 1904: Month: Jany — Day: 16 — Age: Years: 58. — Months: — — Days: —

Sex: Female. — Color or Race: White. — Birthplace: Germany.

Occupation: Housekeeper — Where Residing if not at place of death: 241 Old Frederick Rd.

Married, ~~Single~~, Widowed — Name of Wife or Husband: John A. Poole.

Father's Name: ~~~~ — Father's Birthplace: ~~

Mother's Maiden Name: ~~~~ — Mother's Birthplace: ~~

Name of person giving information: W. H. Poole — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns from Gasoline. — How long: Jany 11. 04

Immediate: Shock. — How long: 5. Jany 16. 04

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fo Keown MD

Address: 1938 Linden Ave

Accident or ~~Suicide~~?

LIBRARY BUREAU A8B816

Name in Full: Burnice M. Pridham

CERTIFICATE OF DEATH

MARYLAND

Died at Highlandtown (Town) Balto (County)

Date of death 1904 — Month: 1 — Day: 14 — Age: Years 4 — Months 4 — Days —

Sex: Male — Color or Race: White — Birthplace: Balto Co.

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Don't Know — Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Name of person giving information: Undertaker Wm. McClave & Son — How related to deceased: None

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro Spinal Meningetis — How long: 2 days

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Treax

Address: 3 and Gough Highlandtown. Md.

Accident or Suicide? No

LIBRARY BUREAU

Bernice M. Pridham
4 Yrs 4 Month
Lancaster Co Va.

Lancaster Co Va
H Nicolaus & Son
1820 Canton Ave Jan 16/04

Name in Full: Francis Purdum

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brookview — County: Baltimore

Date of death 190 4: Month: 1 — Day: 4 — Age: Years: 69 — Months: — — Days: —

Sex: Female — Color or Race: Col. — Birthplace: Maryland

Married, Single or Widowed: Widow — Occupation: Housework

Name of Wife or Husband: Lee Purdum

Father's Name: ? — Father's Birthplace: ?

Mother's Maiden Name: ? — Mother's Birthplace: ?

Name of person giving Information: John Purdum — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uterine Carcinoma — How long: 18 Months

Immediate: Cardiac Asthenia — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Guy Clinton Penn M.D.

Address: Ingleside Ave.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Charles. Pridham.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Balto

Date of death 190 1 / Month: 1 / Day: 31 / Age — Years: — / Months: 8 / Days: 7.

Sex: Male / Color or Race: White / Birthplace: Balto. Md

Married, Single or ~~Widowed~~ / Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Pridham. 93. / Father's Birthplace: Va

Mother's Maiden Name: Sophelia Condiff / Mother's Birthplace: Va.

Name of person giving information: Jno McClane & Son / How related to deceased: Done

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — / How long: 7 days

Immediate: Exhaustion. / How long: 24 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas L. Truax

Address: 3 and Gough Highlandtown.

Accident or Suicide? No

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LIBRARY BUREAU A89516

Lancaster Co Va

Feb 2nd 1904

H Nicolaus & Son

1820 Canton Ave

Name in Full: Earnest William Brickley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Baldwin — County: Baltimore

Date of death: Month: Jan. — Day: 23 — 1904

Age — Years: 7 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Balto. Co. Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Eliza Brickley — Mother's Birthplace: Balto. Co. Md.

Name of person giving Imformation: Chas. Brickley — How related to deceased: Uncle

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe — How long: 3 weeks

Immediate: Acute Gastritis — How long: 11 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. H. Emory Jr. D.

Address: Texas

Accident or Suicide? no

LIBRARY BUREAU A03913

Name in Full: Henrietta Ringling

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Aronton — County: Balto

Date of death 1911 — Month: 1 — Day: 18

Age — Years: 67 — Months: 2 — Days: 13

Sex: female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Henry Ringling

Father's Name: 64. — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Adolph Heinrich — How related to deceased: Messenger

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy. — How long: 4 days

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W Hall

Address: Mt Winans

Accident or Suicide?

LIBRARY BUREAU A86516

M. C. Preals — 1 Sons.

Name in Full: Charlott Schneider

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dulaneys Valley; County: Baltimore

Date of death: Month: Jan.; Day: 26; Years: 76; Months: 9; Days: 13

Sex: Female; Color or Race: White; Birthplace: Europe

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: John Schneider

Father's Name: Nicholas Hanf; Father's Birthplace: Europe

Mother's Maiden Name: Unknown; Mother's Birthplace: "

Name of person giving Imformation: Mrs. Louisa Graefe; How related to deceased: Daughter

CAUSES OF DEATH

TO BE ANSWERED BY PHYSICIAN OR CORONER

Primary: Broncho-Pneumonia; How long: 2 weeks

Immediate: Oedema of Lungs; How long: 1 Day

Are the name, age, sex, color, date and place correctly given above?: To best of my knowledge

Signature of Physician: Frederick Dugdale M.D.

Address: Sunny Brook Balto Co Md

Accident or Suicide?:

LIBRARY BUREAU A88818

Name in Full: John H Scally

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Baltimore

Date of death 190 4: Month: 1; Day: 21

Age: Years: 33; Months: 10; Days: 25

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or ~~Widowed~~: ; Occupation: Physician

Name of Wife or Husband:

Father's Name: John Scally; Father's Birthplace: Md

Mother's Maiden Name: Ellen Cashley; Mother's Birthplace: Md

Name of person giving information: Bessie Bennett; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis; How long: 18 months

Immediate: Asthenia; How long: few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank R Reed

Address: Towson

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88510

2218 East Biddle St.
Baltimore
Holy Cross

Name in Full: Ellen Scott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope — County: Baltimore

Date of death: Month: 1 — Day: 4 — Age: Years: 72 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Patrick Scott

Father's Name: — — Father's Birthplace: Ireland

Mother's Maiden Name: — — Mother's Birthplace: Ireland

Name of person giving Information: Charles G. Hill — How related to deceased: None

1106.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia — How long: Two Years

Immediate: Enteritis — Colitis — How long: One Week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles G. Hill

Address: Mt Hope Md

Accident or Suicide? No —

LIBRARY BUREAU A88316

Name in Full: Thos H. Scott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Butler; County: Baltimore

Date of death 1904: Month: 1; Day: 22

Age: Years: 69; Months: 7; Days: 16

Sex: Male

Color or Race: White

Birthplace: Butler Md

Married, Single or Widowed: Married

Occupation: Farmer

Name of Wife ~~or Husband~~: Cecilia Scott

Father's Nama: Jonathan Scott

Father's Birthplace: Dont Know

Mother's Maiden Nama: Deborah Davis

Mother's Birthplace: Daisville Md.

Name of person giving In formation: Cecilia Scott

How related to deceased: Wife

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns Face Head

How long: 9 days

Immediate: Paralysis

How long: 1/2 hours

Are the name, aga, sex, color, data and place correctly given above? Yes

Signature of Physician: J H Deach M.D.

Address: Butler Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Infant of Ludwig & Dora Sellmayer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Baltimore

Date of death 1904: Month: Jan.; Day: 31st

Age: Years: Still; Months: birth; Days:

Sex: Female

Color or Race: white

Birthplace: Md

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ludwig Sellmayer S.

Father's Birthplace: Germany

Mother's Maiden Name: Dora Winkler

Mother's Birthplace: Md.

Name of person giving Information: Ludwig Sellmayer

How related to deceased: Father

CAUSES OF DEATH

Primary: Premature birth — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Margaret Schoening, Midwife

Address: 2225 Gough St.

Accident or Suicide? —

LIBRARY BUREAU A88516

Germanus Tisance

Holy Redeemer Cem.

Feb. 1st 1904

Name in Full: Eli Sibley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington — County: Baltimore

Date of death 1904: Month: 1 — Day: 7 — Age: Years: 94 — Months: 4 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Laurel Md

Married, Single or Widowed: Married — Occupation: None

Name of Wife or Husband: Elizabeth Sibley

Father's Name: ——— — Father's Birthplace: ———

Mother's Maiden Name: ——— — Mother's Birthplace: ———

Name of person giving Information: W. E. Andrews — How related to deceased: Nephew

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Natural Causes — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Richd A. Bevan M.D. Coroner

Address: Arlington Md

Accident or Suicide?

LIBRARY BUREAU A68516

Jacob H. Kraft

Name in Full: Elizabeth Ann Sloffer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sparrow Point — County: Baltimore

Date of death 190 4 — Month: Jan — Day: 14th — Age: 67 — Months: Aug — Days: 9

Sex: Female — Color or Race: White — Birthplace:

Married, Single or Widowed: Widow — Occupation:

Name of Wife or Husband: Fredrick Sloffer Deceased.

Father's Name: William Phillips — Father's Birthplace: X

Mother's Maiden Name: Elizabeth Adams 90 — Mother's Birthplace: X

Name of person giving information: Mrs L. T. Hewitt — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis — How long: Several weeks.

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Eckert M.D.

Address: Sparrows Point

Accident or Suicide?

TO BE FILLED IN BY PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: Fannie D. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington — County: Balto Co

Date of death 1904: Month: Jan — Day: 2 — Age: Years: 37 — Months: 5 — Days: 8

Sex: Female — Color or Race: White — Birthplace: Balto City

Occupation: Home Keeper — Where Residing if not at place of death: Mt Washington

Married, Single or Widowed: Married — Name of Wife or Husband: C Las. H Smith

Father's Name: I. Newman — Father's Birthplace: Poland

Mother's Maiden Name: Mt Newman — Mother's Birthplace: Balto Co

Name of person giving Information: C H Smith — How related to deceased: Husband

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: 12 hours

Immediate: Heart failure — How long: 15 minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C H Buchum M.D.

Address: 1100 Washington

Accident or Suicide?

LIBRARY BUREAU A88816

St Mary's N

A. L. MacFall

3539 Fall Road

Name in Full: Martha Ellen Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto.

Date of death 1904: Month: Jan'y 1st; Day: 1

Age: Years: 76; Months: 11; Days: 15

Sex: Female; Color or Race: White; Birthplace: Md.

Married, ~~Single or Widowed~~: Occupation: Housewife

Name of Wife or ~~Husband~~: Wm. B. Smith

154.

Father's Name: James Mays; Father's Birthplace: Md.

Mother's Maiden Name: Rebecca Eubank; Mother's Birthplace: England

Name of person giving information: W. Gill Smith; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General debility + old age; How long: 3 years

Immediate: Cardiac Asthenia; How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Ray Sinclair Greenwood

Address: Towson Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88818

Name in Full: Margaret Stanton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharon — County: Balto.

Date of death 1904: Month: Jan — Day: 20 — Age: Years: 62 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: Housewife — Where Residing if not at place of death: Stanton

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Thomas Stanton — Father's Birthplace: Ireland

Mother's Maiden Name: Mary Fanning — Mother's Birthplace: Ireland

Name of person giving information: Mary A. Doud — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Uterus. — How long: abt. 6 mo.

Immediate: Exhaustion. — How long: Few days.

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: A. Louis Naylor

Address: Pikesville Md.

Accident or Suicide? —

LIBRARY BUREAU A86616

Name in Full: Thomas Stewart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Warren; County: Baltimore

Date of death: Month: Jan; Day: 18; 1904; Age: Years: 33; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Balto Co

Occupation: Invalid; Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~; ~~Name of Wife or Husband~~:

Father's Name: John Stewart; Father's Birthplace: —

Mother's Maiden Name: Catharine Riley 93; Mother's Birthplace: Maryland

Name of person giving Information: Catharine Stewart; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Invalid from birth; How long:

Immediate: Pneumonia; How long: 2 dys

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: Undertaker Wm E Brooks

Address: Philopolis Ind

~~Accident~~ or Suicide?

9

LIBRARY BUREAU A66516

Internat Texas Bell
to Jan 20

Name in Full: Jacob Allen Stiffler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkton; County: Balto

Date of death 1904: Month: 7; Day: 18

Age: Years: 2; Months: 5; Days:

Sex: Male

Color or Race: White

Birthplace: Parkton

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Jacob C. Stiffler Jr.

Father's Birthplace: Md

Mother's Maiden Name: Bertha R. Cross

Mother's Birthplace:

Name of person giving information: Jacob C. Stiffler

How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe — How long: 10 days

Immediate: Bronchial Pneumonia — How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. K. Norris

Address: Parkton Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Helen Storms

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chestnut Ridge — County: Baltimore

Date of death 1904 — Month: Jan — Day: 23 — Age — Years: 2 — Months: — Days: 1

Sex: Female — Color or Race: white — Birthplace: Balto co Md

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Adam Storms — Father's Birthplace: Carroll co Md

Mother's Maiden Name: Ida Adams — Mother's Birthplace: Balto City

Name of person giving Information: Adam Storms — How related to deceased: Father

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Lobar Pneumonia — How long: about 1 week

Immediate: " " " — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. P. Flynn

Address: Pikesville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full Brother Joseph Sullivan — Certificate of Death

Baltimore (Town) Balto. (County)

Died at Mt. St. Joseph's College Baltimore MARYLAND

Date 19 ~~ost~~ Month: January Day: 16 | Age Y. 71 M. 5 D. – | Native of Ireland | Occupation Teacher

Male Yes ~~Female~~ | White Yes ~~Colored~~ | ~~Married~~ Single Yes ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

Husband of Wife

Father's Name Sullivan | Mother's Maiden Name

93

Cause of Death — Primary: Pneumonia — How long sick about ~~4~~ 5 days

Immediate: Erysipelas - Exhaustion — Accident, Suicide, Homicide

Reported by John G. Holliday M. D.

Address 714 Frederick ave Baltimore

Must be signed by physician, If any in attendance, otherwise by ~~coroner~~, undertaker or minister.

LIBRARY BUREAU, 79898

Interment at Cathedral
Cemetery

F. A. Kramer & Bro
Undertakers.

Name in Full: Harry Martin Summers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Riderwood — County: Baltimore

Date of death 1904: Month: January — Day: 17 — Age: Years: two — Months: two — Days: —

Sex: Male — ~~Color or~~ Race: White — Birthplace: Baltimore Co

~~Married~~, Single or ~~Widowed~~ — Occupation: —

Name of Wife or Husband:

Father's Name: John Summers — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Morris — Mother's Birthplace: Maryland

Name of person giving information: Wm Summers — How related to deceased: Brother

CAUSES OF DEATH

Primary: Brain fever — How long: nine days

Immediate: inanal Hemm — How long: twenty hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. Chalmers Peebles

Address: Lutherville Md —

~~Accident or Suicide?~~

LIBRARY BUREAU A69515

Solers Cem

Name In Full

Certificate of Death

Mrs. Mary Thompson

Died at Town: Ashland County: Balto MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1	27	Age 49			Penn	

Date 1904

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower

Divorced

Number of children living 12

~~Husband~~ Wife of Jno. E. Thompson

Father's Name Geo. Knapp

Mother's Maiden Name Sarah Hannan

Cause of Death: Primary Pulmonary Tuberculosis — How long sick 4 days

Immediate Pneumonia — Accident, Suicide, Homicide

Reported by Dr. Thos. C. Burns

Address Stewart Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name in Full — Certificate of Death

Letitia Thompson

Died at Town Roland Park County Balto Co MARYLAND

Date Jan 4 1924 | Month Jan Day 6 | Age Y. 65 M. 1 D. | Native of Maryland | Occupation Cook

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife Unknown

Father's Name Unknown | Mother's Name Unknown

Cause of Death: Primary Fatty Degeneration of Heart (How long sick 2 hrs)

Immediate Carolyn J. Heart

Reported by Henry Cassedy, Jr.

Address Roland Park Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Jarrett N. Turnbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ashland; County: Baltimore

Date of death 1904: Month: 1; Day: 7; Age: Years: 49; Months: 6; Days:

Sex: Male; Color or Race: White; Birthplace: Hereford Md.

Married, Single or Widowed: married; Occupation: Carpenter

Name of Wife or Husband: Melvina Turnbaugh

Father's Name: Conrad Turnbaugh; Father's Birthplace: Hereford Md.

Mother's Maiden Name: Eliza Cooper; Mother's Birthplace: Parkton Md.

Name of person giving information: E. May Donaldson; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rail Road Injury; How long: Instantly

Immediate: Shock and Cerebral Hemorrhage; How long: 20 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Mitchell, M.D.

Address: R. F. D. No 2, Monkton, Md.

Accident or Suicide? accident

PHYSICIAN OR CORONER

LIBRARY BUREAU A38516

Name in Full

Certificate of Death

Sallie B Tyler

Died at Town Lauraville County Balto MARYLAND

Date 189 4 Month 1 Day 7 | Age Y. 14 M. D. | Native of Md | Occupation None

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name 30.

Mother's Name Hannie Tyler

Cause of Death: Primary Spinal Caries — How long sick

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Ely Darling

Address Lauraville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: John Ulrich

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grange — County: Baltimore

Date of death 190 4 — Month: 1 — Day: 23 — Age: Years — Months: 11 — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: George Ulrich — Father's Birthplace: New York

Mother's Maiden Name: Vroni Green — Mother's Birthplace: Russia

Name of person giving information: Vroni Ulrich — How related to deceased: Mother

92

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catarrhal Pneumonia — How long: about 10 days

Immediate: Exhaustion — How long: " " 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Geo. Heller M.D.

Address: 1937 Gough St.

Accident or Suicide? —

LIBRARY BUREAU A88816

Dr Schofield
Highland Ave & Pratt St
Holy Rosary Cemetery

Name in Full: Mrs. Mary A. Wade

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville, Md. County: Baltimore

Date of death 1904: Month: January Day: 11th

Age: Years: 70 years Months: — Days: —

Sex: Female Color or Race: white Birthplace: Virginia -

Married, Single or Widowed: Widowed Occupation: None -

Name of ~~Wife or~~ Husband: Col. John J. Wade

Father's Name: Augustus A. Chapman Father's Birthplace: Virginia

Mother's Maiden Name: Mary Beirne Mother's Birthplace: Virginia

Name of person giving Information: R. E. Garrett How related to deceased: None.

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's Disease How long: 1 year -

Immediate: Uraemic Convulsion How long: 5 min.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: R. Edward Garrett

Address: Catonsville, Md -

Md. Hosp. for Insane

Accident or Suicide? No —

LIBRARY BUREAU A88516

Name in Full: Grace R waesche

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Glyndon; County: Baltimore

Date of death 1904: Month: Jan; Day: 16

Age: Years: 24; Months: 6; Days: 6

Sex: Female; Color or Race: white; Birthplace: Balto co Md

Married, Single or Widowed: married; Occupation:

Name of Wife or ~~Husband~~: T Archer waesche

Father's Name: John L Gloyd; Father's Birthplace: Balto co Md

Mother's Maiden Name: Sadie E Landon; Mother's Birthplace: " " "

Name of person giving In formation: John L Gloyd; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis; How long: 2 yrs

Immediate: "; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Rawlins

Address: Glyndon Md

Accident or Suicide?

LIBRARY BUREAU A83316

Name In Full: Mary Warner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fullerton County: Balto

Date of death: 1904 Month: Jany Day: 3 Years: Age 10 Months: Days:

Sex: female Color or Race: Black Birthplace: Balto Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Simon Warner Father's Birthplace:

Mother's Maiden Name: Betty Hawkins Mother's Birthplace:

Name of person giving Imformation: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long:

Immediate: Diphtheria How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D Cross

Address: Gardenville

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88818

Name in Full: Christoffer Matters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Mount Winans (County) Balto

Date of death 1904 Month Jan Day 26

Age Years about 87 Months — Days —

Sex Male

Color or Race white

Birthplace Md.

Occupation shoe maker

Where Residing if not at place of death Mt Winans

Married, Single or Widowed Widower

Name of Wife or Husband dead.

Father's Name dont know

Father's Birthplace dont know

Mother's Maiden Name dont know

Mother's Birthplace dont know

Name of person giving Information Mrs Lester

How related to deceased Step daughter

154.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary old age

How long several years

Immediate bronchitis

How long several months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H E Knipp M.D.

Address 1002 N. Carrollton Ave.

Balto Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Frank E. Weakley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sparrows Pt. — County: Balto

Date of death	Month	Day	Years	Months	Days
1904	Jan	1	Age 47	11	—

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: Insurance Collector

Where Residing if not at place of death: 718 Cumberland St Balto.

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~: Mary Weakley

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Imformation: Jno. E. Hufs

How related to deceased: not related

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart failure — How long: 5 minutes

Immediate: Heart failure — How long: 5 minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. G. Woodward M.D.

Address: Sparrows Point

Accident or Suicide?

LIBRARY BUREAU A83018

Name in Full: William Thomas Weaver

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown Glenwood Ave. County: Balto. Co.

Date of death 1907: Month: January Day: 24 Years: Age 55 Months: 7 months Days:

Sex: Male Color or Race: Brown Negro Birthplace: North Carolina

Married, Single or Widowed: Married Occupation: Laboring work

Name of Wife or Husband: Martha E. Weaver

Father's Name: William T. Weaver Father's Birthplace: North Carolina

Mother's Maiden Name: Amelia J. Parker Mother's Birthplace: North Carolina

Name of person giving Information: Mary E Brown How related to deceased: Indigestion

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: arterio Sclerosis 9 yr How long: two year

Immediate: Vertigo. How long: twenty hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. C. Boes M.D.

Address: Sta H Govans Balto Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Robert Ellicott

Brian Cain

Forward

Name in Full: Joshua G Wilhelm

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Carmel. County: Baltimore

Date of death 1904	Month	Day	Years	Months	Days
	Jan	25	Age 64		

Sex: Male | Color or Race: White | Birthplace: Baltimore Co Md

Married, Single or Widowed: Married Second Time | Occupation: Farmer

Name of Wife or Husband: Ida Boorman

Father's Name: Daniel Wilhelm | Father's Birthplace: Balto Co Md

Mother's Maiden Name: Rachel Green | Mother's Birthplace: Do

Name of person giving In formation: — | How related to deceased: —

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of Age | How long: —

Immediate: Paralysis | How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B F Price, M D

Address: Mt Carmel Md

Accident or Suicide? Disease

LIBRARY BUREAU A88516

Name in Full: Joshua G. Wilhelm

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Carmel — County: Baltimo

Date of death 1904	Month	Day	Age: Years	Months	Days
	Jan.	29	64	—	—

Sex: Male — Color or Race: White — Birthplace: Baltimo Co Md

Married, Single or Widowed: Married, Single-married Second time — Occupation: Farmer

Name of Wife or Husband: Wife — Ida Bookman

Father's Name: Daniel Wilhelm — Father's Birthplace: Baltimo Co Md

Mother's Maiden Name: Rachel Green — Mother's Birthplace: " "

Name of person giving In formation: Son & Widow — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism — How long: Many years

Immediate: Paralysis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: B. F. Price M D

Address: Mt Carmel Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Anderson Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hullsville — County: Balto

Date of death 1911 — Month: Jany — Day: 7 — Years: Age 5-1 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Laborer

Name of Wife or Husband: Sarah E. Williams

Father's Name: Wm Williams — Father's Birthplace: Md

Mother's Maiden Name: X — Mother's Birthplace: Md

Name of person giving information: Wife — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart Disease — How long: 6 mo

Immediate: Dropsy — How long: 6 mo

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Stull

Address: Mt Winans

Accident or ~~Suicide~~?

LIBRARY BUREAU A8861e

Name in Full: J. Noah Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cross Keys; County: Balto

Date of death: Month: 1904 Jany.; Day: 18

Age: Years: 38; Months: 5; Days: 21

Sex: Male.

Color or Race:

Birthplace: Balto Co

Occupation: Distiller

Where Residing if not at place of death: Cross Keys

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married

Name of Wife or Husband: Sophia E. Williams

Father's Name: Alex. Williams

Father's Birthplace: Balto Co

Mother's Maiden Name: Marshall

Mother's Birthplace: Balto Co

Name of person giving Imformation: Wife

How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis

How long: 3 months

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S R Wantz M.D.

Address: 765 - 3rd Ave.

Accident or Suicide?

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LIBRARY BUREAU A80818

A. I. Marshall
Laurel.

Name in Full: John Wimsett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stevenson Station — County: Baltimore

Date of death 1904: Month: Jan — Day: 19 — Age: Years: 56 — Months — Days

Sex: Male — Color or Race: white — Birthplace: Balto co Md

Married, Single or Widowed: married — Occupation: Gardner

Name of Wife or Husband: Lizzie Martin

Father's Name: Charles Wimsett — Father's Birthplace: —

Mother's Maiden Name: Hester Stubbins — Mother's Birthplace: —

Name of person giving information: Lizzie Wimsett — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis Acute — How long: three weeks

Immediate: Toxemia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H Louis Mayhew

Address: Pikesville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Benjamin S. Woolston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pimlico Farm; County: Baltimore

Date of death 1904: Month: Jany; Day: 18; Age: Years: 79; Months: 2; Days: 8

Sex: Male; Color or Race: White; Birthplace: Pennsylvania

Occupation: Farmer

Married, Single or Widowed: Widowed

Name of Wife or Husband: Rachial B. Woolston Deceased

Father's Name: Steven Woolston; Father's Birthplace: Penna

Mother's Maiden Name: Elizabeth Stocton; Mother's Birthplace: New Jersey

Name of person giving information: William P Woolston; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congestion of Kidneys; How long: 6 days

Immediate: Coma; How long: 12 hrs.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Chandlee

Address: 704 W. North Ave

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Henry Yealman

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Catonsville County: Baltimore

Date of death 1904: Month: Janu. Day: 17 Age: Years: 78 Months: 9 Days: 18

Sex: Male Color or Race: White Birthplace: Mathews Co. Va

Married, Single or Widowed: married Occupation: Retired

Name of Wife or Husband: Elizabeth Yealman

Father's Name: Thos. N. Yealman Father's Birthplace: Mathews, Va

Mother's Maiden Name: Elizabeth Patterson 70 Mother's Birthplace: " "

Name of person giving In formation: Wife How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Valvular disease of Heart How long: about two years

Immediate: Anasarca death sudden pm syncope How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. G. Macgill

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Acquilla Franklin Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Belfast; County: Balto

Date of death 1904: Month: 1; Day: 14

Age: Years; Months; Days

Sex: Male

Color or Race: Black

Birthplace: Yeoho

Married, Single or Widowed: Married

Occupation: Laborer

Name of Wife ~~or Husband~~: Anna Young

Father's Name: Amos Young

Father's Birthplace: Yeoho

Mother's Maiden Name: Harriett ___ dont Know

Mother's Birthplace:

Name of person giving In formation: Wm Davenport

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease

How long: Five Years

Immediate: Exhaustion

How long: One month

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Dorsch M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A83516

Stevenson Chapple
Jan 16th 1904